

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO.

JA450778

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) DORSCH, BRIAN K		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR 1305 N HAMLIN AVE CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago) <input type="checkbox"/> LOCATION CODE 304-STREET BEAT OF OCCURRENCE 2535 DATE OF OCCURRENCE 28-SEP-2017 TIME 21:03:00 DAY OF WEEK THURSDAY NO. OF OFFICERS BATTERED <u>2</u> WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? _____		
STAR NO. 4257	POSITION POLICE OFFICER	EMPLOYEE NO. [REDACTED]	BEAT/CALL NO. 2561B	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED] 1970		
HEIGHT 602	WEIGHT 185			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED				
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER		
TYPE OF ACTIVITY				
<input checked="" type="checkbox"/> A. AMBUSH -NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ D. HANDS/FISTS _____ <input type="checkbox"/> B. VEHICLE _____ E. FEET _____ 1. REVOLVER 2. SEMI-AUTOMATIC 3. RIFLE 4. SHOTGUN <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT I. BLUNT INSTRUMENT FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON		
OFFENDER INFORMATION				
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____		SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE CB NO. IR NO.		
<input type="checkbox"/> K. OTHER				
TYPE OF INJURY TO OFFICER				
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/ Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? GANG RELATED? <input type="checkbox"/> 1. YES 1. YES <input checked="" type="checkbox"/> 2. NO 2. NO <input type="checkbox"/> 3. UNKNOWN 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>2</u>		
LIGHTING CONDITIONS AT INCIDENT				
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input checked="" type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN E. SLEET / HAIL <input type="checkbox"/> C. SNOW F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: <u>65 °F</u>		

REPORTING MEMBER - SIGNATURE SIWEK, JEFFREY J	STAR NO. 1294 [REDACTED]	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO. WILLIAMS, TERENCE V [REDACTED] 59 [REDACTED]
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